



**DEPARTMENT  
OF  
HEALTH PROFESSIONS**  
6603 W. BROAD ST. 5<sup>TH</sup> FLOOR  
RICHMOND, VA 23230  
Rev: 0405

**MEDICAL EQUIPMENT SUPPLIER  
INSPECTION REPORT**

DATE	TIME	MILEAGE
INSPECTION HOURS		TRAVEL HOURS

FACILITY NAME		PERMIT NO 0206-	EXPIRATION DATE	
STREET ADDRESS		CITY	STATE	ZIP
PERSON IN CHARGE		OWNER		
HOURS OF OPERATION		PHONE NO	FAX NO	
<input type="checkbox"/> New <input type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Change of Location <input type="checkbox"/> Remodel <input type="checkbox"/> Other (Describe)				

Comments:

SECTION NO/ REGULATION	AREA/QUESTION	COMPLIANCE		SECTION NO/ REGULATION	AREA/QUESTION	COMPLIANCE	
		YES	NO			YES	NO
54.1-3430	License of establishment posted in a place conspicuous to the public?			110-20-680 (C)	Valid order signed by practitioner on file? The original order may be kept at a centralized office as long as it is readily retrievable within 48 hours and a copy of the order is kept on the premises of the dispensing supplier.		
110-20-630	Separate entrance if operated from a private dwelling?						
110-20-680 (A)	The medical equipment supplier's location has been inspected by the board prior to engaging in business.			110-20-680 (C)	Valid order maintained on premises for two years?		
110-20-680 (A)	Facility maintained in a clean and orderly manner?			54.1-3435.2 (C)	Distribution limited to delivery to the ultimate user?		
110-20-680 (A)	Storage area provides adequate lighting, ventilation and temperature?			110-20-680 (D)	Dispensing record maintained for two years?		
110-20-680 (B)	Schedule VI devices stored in a supervised and controlled area?				Dispensing records includes:		
110-20-680 (B)	Hypodermic syringes and needles and Schedule VI drugs not on open display or in an area assessable by patrons?			110-20-680 (D)	Name and address of patient?		
54.1-3435.2	Prescription drugs limited to those Schedule VI controlled substances with no medicinal properties which are used for the operation and cleaning of medical equipment and solutions for peritoneal dialysis.			110-20-680 (D)	Item dispensed and quantity?		
				110-20-680 (D)	Date of dispensing?		

ACKNOWLEDGEMENT: This Medical Equipment Supplier has been inspected by an inspector of the Department of Health Professions. The results of the inspection have been noted. I acknowledge that the conditions that have been deemed by the inspector as not being in compliance have been explained to me and that I have received a copy of this inspection report and/or compliance notice.

SIGNATURE – INSPECTOR (DEPARTMENT OF HEALTH PROFESSIONS)		SIGNATURE – AUTHORIZED INDIVIDUAL FOR ESTABLISHMENT	
DATE	TIME OF EXIT	TITLE OF AUTHORIZED INDIVIDUAL	